Exhibit C

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4	BASIS FOR CLAIM					.
	Goods sold	Personal injury/wrongful death		penefits as defined in 11 U S (, ,	Unremitted principal
1	☐ Services performed	☐ Taxes	☐ Wages,	salanes, and compensation (f	ill out below)	Other claims against service
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	exceeds the value of the	property securing it, or if c) none or only part	of your claim is	a right of setoff)		, and the second second
. 1	entitled to priority NSECURED PRIORITY (Brief description of o	colleteral	
1 ent	Mining .			I —		_
Šm	Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Real Estate	Motor Vehic	e
				Value of Collateral	SSEE	INVESTMENT SHEET
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	Specify the pnority of the	claim		secured claim, if any \$	SEE /A	s at time case filed included in
j.	Domestic support obligati	ions under 11 U S C § 507(a)(1)(A) or (a)(1)(B	R) 🗀			TEREST SHEET
hande	Wages, salanes or comp	nissions (up to \$10,000)*, earned within 180 d	, L	Up to \$2,225* of deposits toward	d purchase, leas	e or rental of property or
-	- acidie implo di tue usukui	INICY Detition or coccation of the Jahana	ays	sorvices for personal lattilly, of	nousehold use -	11 U S C § 507(a)(7)
3 2000	Dusiness whichever is ea	Miler - 11 USC § 507(a)(4)	片	Taxes or penalties owed to gove	emmental units -	11 U S C § 507(a)(8)
1	Contributions to an emplo	yee benefit plan - 11 U S C § 507(a)(5)	Ц	Other - Specify applicable parag	raph of 11 USC	§ 507(a) ()
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5	TOTAL AMOUNT OF CL	AIM \$	51//	with respect to cases commence	ed on or after the	date of adjustment.
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7	SUPPORTING DOCU	MENTS. <u>Attach copies of supporting de</u> acts, court judgments, mortgages, securit	a edited and de	ducted for the purpose of mal	king this proof	of claim
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DA	TE Segundo, CA 90245-0		El Segundo	. CA 90245	1	
Arrie Bag	7. 5 has	SIGN and print the name and title if any of	the creditor or o	ther person authonzed to file		
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UNITED STATES BANKRUPT CY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		***************************************
Name of Debtor	Case Nu	ımber	1	
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gaga company		t Lender	<u> </u>	
See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case A "reduest" for payment administrative expense may be filed pursuant to 11 USC § 503	pense	Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your chairs. Attach copy of statement giving particulars		
JACK J BEAULIEU REVOCABLE LIVING TRUST dtd 9/1/94		O Check box if you have never received any notices	DO 107 51 5 5	
Jack J Beaulieu, Trustee		from the bankrupicy court or BMC Group in tals case.	SECURED INTE	NIS PROOF OF CLAIM FOR A REST IN A BOHROWER THAT IS NOT
2502 Palma Vista Avenue		Check box if this address	ONE OF THE DE	BTORS. eady filled a proof of darm with the
Las Vegas, NV 89121		differs from the address on the envelope sent to you by the		or BMC you do not need to the again.
Creditor Telephone Number ()		court	THIS SPACE	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies Gramercy Court, Ltd., a Texas Limited	debtor	Check here repla	a proviously	y filed claim dated
Partnership		If this claim arner		y illed claim dated
1 BASIS FOR CLAIM	Plutirou I	penetits ad defined in 11 US	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	, -	salanes and compensation	(fill out below)	Other claims against services (not lor loan balances)
Money loaned	Unpaido	r digits of your SS # compensation for services pe	erformed from	to
Negligence Misreprese			_	(date) (date)
2. DATE DEBT WAS INCURRED. June 25, 2004		OURT JUDGMENT, DATE (
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UNSECURED NONPRIORITY CLAIM \$ unknown		SECURED CLAIM		
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Check this box if claim includes interest or other charges in addition to the	,		••	,,
6 CREDITS The amount of all payments on this claim has been cree? 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments, mortgages security a DOCUMENTS If the documents are not available explain. If the case of supporting documents are not available explain. If the case of supporting documents are not available explain. If the case of supporting documents are not available explain.	<i>uments</i> , su agreemen documents	uch as promissory notes, pur ts and evidence of perfectio s are voluminous attach a su	rchase orders in n of lien DO N ummary	voices itemized statements of OT SEND ORIGINAL
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) Box 911	1330 Eas	t Franklin Avenue for CA 90245	ILLU DE O	
DATE SIGN and print the name and title it any of the they claim (treach copy of power of attention)	creditor or ey d any)		n, Esq.	USA CMC 1072501586

Case 06-10725-gwz Doc 8043-3 Entered 05/14/10 14:57:11 Page 4 of 11 PROOF OF CLAIM Name of Debtor Case Number USA Commercial MORTGAGA COMPANY BK-S-06-10725 LBR USA CAPITAL NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has filed a proof of claim relating to arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 your claim Attach copy of Name of Creditor and Address

Beryl WINER FAMILY TRUST

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776 BIRDBAY WAY

VENICE, FL 34285-6192 Name of Creditor and Address statement giving particulars Check box if you have never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. Check box if this address If you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again Creditor Telephone Number (941) 48\$ 007/ THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here 3703 a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages salaries and compensation (fill out below) Services performed ☐ Taxes Last four digits of your SS# Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) 2. DATE DEBT WAS INCURRED. Aug 2, 3 IF COURT JUDGMENT, DATE OBTAINED 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff) entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim all or part of which is entitled to priority \$ > 10,400,000 00 Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ \(\frac{\(\cdot \) \(\text{OO} \) \(\text{OO} \) \(\frac{\(\cdot \) \(\cdo \) \(\cdot \) \(\cdo \) \(\cdot \) \(\cdot \) \(\cdot \) \(\cdot \) \(\cdo \ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 USC § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) (Contributions to an employee benefit plan 11 U S C § 507(a)(5) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 50,000,00 000 00 AT TIME CASE FILED (unsecured) (secured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT

ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group

BY HAND OR OVERNIGHT DELIVERY TO-BMC Group

Attn USACM Claims Docketing Center 1330 East Franklin Avenue

El Segundo CA 90245

FIFD OCT 1 0 2006

USE ONLY

10-5-06

P O Box 911

Attn USACM Claims Docketing Center

El Segundo CA 90245-0911

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Penalty for presenting fraudulent claim is affine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C.



Case 06-10725-gwz _Doc 8043-3 Entered 05/14/10 14:57:11 Page 5 of 11 PROOF OF CLAIM \$50,000.00 secured Case Number Name of Debtor **USA Commercial Mortgage Company** Gramery Court Ltd. 196110725-ARN FILED DOC. # 14 02338 NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense DE Check box you are map record# 469022 aware that anyone else has arising after the commencement of the case. A "request" for payment of an IF YOU ARE ONLY OWED MONEY BY A BORROWER filed a proof of claim relating a volution of administrative expense may be filed pursuant to 11 U S C § 503 WHOSE LOAN IS BEING SERVICED BY THE statement giping particulars DEBTORS YOU DO NOT HAVE TO FILE A PROOF Name of Creditor and Address ATRICI OF CLAIM THIS INCLUDES MONEY FROM THAT 11321242033911 BORROWER HELD IN THE COLLECTION ACCOUNT Check box if you have BISHOP VALON never received any notices from the bankruptcy court or P O BOX 50041 DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT **RENO NV 89513** ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number () 775 - 741 - 4020 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated. if this claim amends 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages salaries and compensation (fill out below) Services performed Last four digits of your SS # Money loaned Other (describe briefly) 12/05:004/12/06 Unpaid compensation for services performed from 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 06125104 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM **UNSECURED NONPRIORITY CLAIM \$** Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) Gramorcy Court exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral Condominiums UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is \$ 24,000,000.00 entitled to phonity Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 U.S.C. § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (_ Contributions to an employee benefit plan 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 50.000.00° 50,000,00 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) USA CMC

Case Up 11/ Ap-QWAO FLIDE BIMES	ná 700	<u> </u>		Page 6 01 II
DISTRICT OF NEVALIA		OOF OF CLAIM	o rage	1 000
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USA Commercial Mortgage Company 06-107		725-LBR		
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Name of Creditor and Address: BONNEMA, CHRIS 11321242033979)	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices	DEBTORS YOU OF CLAIM. THI	IS BEING SERVICED BY THE IDO <u>NOT</u> HAVE TO FILE A PROOF IS INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT.
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Goods sold Personal injury/wrongful death Services performed Taxes	•	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	rformed from:	(date) (date)
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Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	your claim ur claim is	a right of setoff).		ored by conlateral (including
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Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		* (///
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para		
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Check this box if claim includes interest or other charges in addition to the	•	•	,,	,
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 SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security as DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain. 	greements	s, and evidence of perfection	of lien. DO NO	voices, itemized statements of OT SEND ORIGINAL
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The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, co	prevailin	g Pacific time, on November	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO: BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO	:	
P. O. Box 911	1330 East	CM Claims Docketing Center Franklin Avenue	r	
DATE / SIGN and print the name and title, if any, of the	creditor or	to, CA 90245 other person authorized to file		-
10/13/06 this claim (affact) convert sower of attorne	ey, if any):	Lais Bowen		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	t for up to 5	years, or both. 18 U.S.C. §§ 1	152 AND 3571	

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1 mm 2 mm when we seek and mile may be seek a me after 1415 at max	104	Check box if you have	BORROWER H	IELD IN THE COLLECTION ACCOUNT.
BONNEMA, GARY P. O. BOX 8649		never received any notices from the bankruptcy court or	DO NOT EU E	THE PROOF OF CLAIM FOR A
HORSESHOE BAY TX 78657		BMC Group in this case.		THIS PROOF OF CLAIM FOR A EREST IN A BORROWER THAT IS NOT
1 1010251102 2777 177 17807		Check box if this address	ONE OF THE	
		differs from the address on the		already filed a proof of claim with the
		envelope sent to you by the		urt or BMC, you do not need to file again.
Creditor Telephone Number () 830-596-8103		court.	THIS SPA	ACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	s debtor:	Check here	ces	
GRAMERCY COURT CONDOS		if this claim or	a previous	sly filed claim dated:
1. BASIS FOR CLAIM	_ Retiree b	penefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against service
Services performed Taxes	_	digits of your SS #:	369	(not for loan balances)
Money loaned		compensation for services per	rformed from:	4/1/06 to PAY OFF
	Oripaid	compensation for dervices per	nonnoa nom.	(date) (date)
2. DATE DEBT WAS INCURRED: (/28/04	3 IE C	OURT JUDGMENT, DATE O	BTAINED.	(date) (date)
2. DATE DEBT WAS INCURRED: 6/28/04 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the				at the time case filed
See reverse side for important explanations.	iai besi desci	ibe your claim and state the amor	unt of the claim a	at the time case med.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or	h) your claim	Check this box if you	our claim is sec	cured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of		a right of setoff).		
entitled to priority.		Brief description of	collateral:	
UNSECURED PRIORITY CLAIM		Real Estate	Notor Vehi	cle D Other
Check this box if you have an unsecured claim, all or part of which is				ole Grioi
entitled to priority.		Value of Collateral:	\$ <u> </u>	
Amount entitled to priority \$		Amount of arrearage ar	nd other charge	es at time case filed included in
Specify the priority of the claim:		secured claim, if any:	\$ 50,5	16.67
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard nurchase les	ase or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day	_	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's	" г	Taxes or penalties owed to go	vernmental units	s - 11 U.S.C. § 507(a)(8).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para		•
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adjus	•	
		with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$	50,51	16.67 \$		\$ 50,516.67
AT TIME CASE FILED: (unsecured)		secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to	,	,		` '
6. CREDITS: The amount of all payments on this claim has been cr			-	
7. SUPPORTING DOCUMENTS: Attach copies of supporting do				
running accounts, contracts, court judgments, mortgages, security				NOT SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the			•	
8. DATE-STAMPED COPY: To receive an acknowledgment of a proof of claim.	the filing of y	our claim, enclose a stampe	d, self-address	sed envelope and copy of this
The original of this completed proof of claim form must be se				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 p for each person or entity (including individuals, partnerships		•		USE ONLY
	, sorporatio	, jonit ventures, trusts di		
governmental units). BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO):	
Attn: USACM Claims Docketing Center	Attn: USA	CM Claims Docketing Cente	r	
P. O. Box 911	1330 Eas	t Franklin Avenue		
El Segundo, CA 90245-0911		do, CA 90245		_
DATE SIGN and print the name and title, if any, of				
this claim (attach copy of power of att			1	
11/16/06 1 /20 7 /300		- GARY L. BONA	VEMA	1

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Nu 06+16	mber 0725 (LBR)		
GRAMERCY COURT				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A 'request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address	,	your claim Attach copy of statement giving particulars		
BROAD WALK INVESTMENTS LIMITED PARTNEWS	Check box if you have			
8635 WEST SAHARA AVENUE		never rece ved any notices	DO NOT FILE THI	S PROOF OF CLAIM FOR A
PMB 220		BMC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS N STORS
LAS VEGAS, NEVADA 89117 ATTENTION: JAMES R. BONFIGLIO Creditor Telephone Number (HB) 991-2677		Check box if this address differs from the address on the	Maria de la composição	ady filed a proof of claim with the
ATTENTION! JAMES R. BONFIGLIO		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file aga
Creditor Telephone Number (46) 991-2677	-labtas	Court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	a praviouely	filed claim dated
ACCOUNT 10:6637 (LIENT 10:5926		if this claim ame		
1 BASIS FOR CLAIM	Retiree i	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Good sold Personal injury/wrongful death	Wages	salanes and compensation	(fill out below)	Other claims against serv
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned	Unpaid o	compensation for services po	erformed from	to
2 DATE DEBT WAS INCURRED 4/3/05	I3 IF C	OURT JUDGMENT, DATE	ORTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				ne time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	1 <u>America</u>	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim is	a right of setoff)	f mal minumi	
UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	11100	
entitled to priority		Value of Collatera	,	•
Amount entitled to priority \$		Amount of arrearage a secured claim if any		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	_		or vental of procedures
Wages salaries or commissions (up to \$10 000)* earned within 180 days	 s	Up to \$2 225* of deposits tov services for personal family		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to g	overnmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable pa	- •	- , , ,
		Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$	100,000	.00 \$		\$
AT TIME CASE FILED (unsecured)	,	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	he principal	amount of the claim Attach it	emized statement of	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments mortgages security	<i>uments,</i> si agreemen	ucn as promissory notes pu ts and evidence of perfectio	rcnase orders inven n of lien DO NO	oices itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the	documents	s are voluminous attach a si	ımmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm	n, prevaili	ng Pacific time, on Novemi	per 13, 2006	THIS SPACE FOR COUR' USE ONLY
for each person or entity (including individuals, partnerships, governmental units)			1	
BY MAIL FO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY T	0	0 1 0 1 2007
Attn USACM Claims Dockefing Center	Attn US	ACM Claims Docketing Cent	er FILED J	AN 0 4 2007
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue ido CA 90245	,	
				USA CMC
SIGN and print the name and title if any of this claim (a) tack popy of poyer of atto	ney Irany)	Rowalin 10		1072501852
. La la . La Milling 11. En what mo 3	MIRT V	WINTIBUN 6F		1072501853
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Case 06-10725-gwz Doc 8043-	3 En	stered 05/14/10 14	:57:11	Page 9 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		otered 05/14/10 14 DOF OF CLAIM	.07.11	490 0 01 11
Name of Debtor	Case Nu	mber ? 10728 L	BR	
USA CAPITAL	BK-	S-06-10728 L	BR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address CENTER STATE BEVERAGE INC PO BOX 877 TEMPLETON CA 93465 0877 Creditor Telephone Number (80) 805 - 402 - 3 660	8	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTE ONE OF THE D If you have a Bankruptcy Cou	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT EBTORS Iready filed a proof of claim with the rt or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace or if this claim amen	ces a previous	ly filed claim gated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages s Last four	penefits as defined in 11 U S calaries and compensation (f digits of your SS # compensation for services per	fill out below)	Unremitted principal Other claims against service (not for loan balances) (2/2/05 to /0-3/-06
2 DATE DEBT WAS INCURRED 6-2-c5		OURT JUDGMENT DATE O		(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri		unt of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority UNSECURED PRIORITY CLAIM		Check this box if you a right of setoff) Brief description of		ured by collateral (including
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	Motor Vehic	0 000
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage an secured claim if any		s at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days		Up to \$2 225* of deposits towa services for personal family or	rd purchase leas	se or rental of property or 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is carlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to gov Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus with respect to cases comment	tment on 4/1/07 a ced on or after th	and every 3 years thereafter e date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 6605 \$	80	7		\$ 86,608.00
(unsecured) Check this box if claim includes interest or other charges in addition to the	,	ecured) amount of the claim Attach iter	(priority) nized statement	(Total) of all interest or additional charges
 CREDITS The amount of all payments on this claim has been cred SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the dispersion of the proof of claim. 	<u>ments,</u> sur igreements ocuments	ch as promissory notes purc s and evidence of perfection are voluminous attach a sun	hase orders in of lien DO NO nmary	voices itemized statements of DT SEND ORIGINAL
BMC Group Attn_USACM Claims Docketing Center	, prevailing orporation BY HAND C BMC Grou Attn USAG	g Pacific time, on Novembe ns, joint ventures, trusts an OR OVERNIGHT DELIVERY TO	er 13, 2006 d	THIS SPACE FOR COURT USE ONLY
	El Segund e creditor or	o CA 90245	?.	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to 5	welled to	152 AND 3571	USA FIRST TRUST

Case 06-1972569W772-1996 8041313 9501ered 195/14/140514657-111ge Plage-10 of 11

FORM B10 (Official Form 10) (Rev. 4/01) PROOF OF CLAIM District of Nevada **United States Bankruptcy Court** Case Number Name of Debtor 06-10725 USA Commercial Mortgage Co. NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (The person or other entity to whom the debtor owes Check box if you are aware that money or property): anyone else has filed a proof of Jov Coleman f/k/a Jov C. Williams claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never Name and address where notices should be sent: received any notices from the 6014 Blue Mist Ln. bankruptcy court in this case. Dallas, TX 75248-2820 Check box if the address differs from the address on the envelope sent to you by the Telephone number: (214) 957-8077 This space is for Court Use Only court. Account or other number by which creditor identifies debtor: Check here replaces if this claim a previously filed claim, dated: amends 1. Basis for Claim ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a) ☐ Wages, salaries, and compensation (Fill out below) ☐ Goods sold ☐ Services performed Your SS#: _____ - ___ - ___ Money loaned □ Personal injury/wrongful death Unpaid compensation for services performed ☐ Taxes ____ to ____ □ Other (date) 2. Date debt was incurred: June 17, 2004 3. If court judgment, date obtained: \$ 100,000.00 Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 5. Secured Claim. 6. Unsecured Priority Claim. Check this box if your claim is secured by collateral (including a Check this box if you have an unsecured priority claim Amount entitled to priority \$ right of setoff). Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing Brief Description of Collateral: of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -Real Estate 11 U.S.C. § 507(a)(3). Other Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for Value of Collateral: \$ personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7). ■ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a-___).
*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _ to cases commenced on or after the date of adjustment. 7. CREDITS: The amount of all payments on this claim has been credited and deducted for This Space Is for Court Use Only the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

October 27, 2006

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach capy of power of attorney, if any): Andrew R. Turner, Attorney

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

	Case 0	6-10725-gwz	Doc 8043-3	3 Ente	red 05/14/10 14:5	7:11 Page	11 of 11
				PRO	OOF OF CLAIM		
Name of Debtor Case			Case Nu	mhar	4		
Ivame of Debto). Tanana	IMERCIAL M	ORTGREE		-10725-LBR		
USF				00	-10125 2011		
NOTE See Pever		of Debtors and Case I	Vembere	1		-	
This form should n arising after the co	ot be used mmencem	to make a claim for arent of the case. A "reception of the case. A "re	n administrative ex quest" for payment		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Cred	itor and	Address			statement giving particulars		
OF		D BEVERLY W SWEZ ALD SWEZEY AND B			Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
36	66 CHERO	KEE DR		İ	Check box if this address	ONE OF THE DE	
C.A		YNV 89705-6813 7 <i>75-883-</i> 40	897		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone	e Number ()			court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of a	account or (other number by which	creditor identifies	debtor	Check-here Inapli	a previously	flied claim dated
1 BASIS FOR CL	AIM.			Retiree I	penefits as defined in 11 U S		Unremitted principal
Goods sold		Personal injury/w	rongful death	- ∏ Wages, :	salaries, and compensation	(fill out below)	Other claims against services
Services peri		Taxes	· ·	Last four	digits of your SS #	-	(not for loan balances)
Money loane	d	Other (describe t	orieffy)	Unpaid o	compensation for services p	erformed from	to
2 DATE DEBT W	AS INCUR	RED		3 IF C	OURT JUDGMENT, DATE	OBTAINED	(dete) (dete)
4. CLASSIFICATION	ON OF CL	Check the approp	riate box or boxes the		ibe your claim and state the am		he time case filed
See reverse side f	ior important MPRIORIT	explanations. Y CLAIM \$ 50,	DM 067		SECURED CLAIM		
Check this box	if a) there is	no colleteral or lien secu	iring your claim, or b) your claim		your daim is secui	red by collateral (including
exceeds the value of the extraction of the extra	ilue of the pro ity	operty securing it, or if c)	none or only part of y	our claim is	a right of setoff) Brief description of	of collateral	
UNSECURED PR					` .	Motor Vehicle	Other
Check this box entitled to priori		n unsecured claim all or	r part of which is		Value of Collaters		5 6 6 6 7 7 9 9 9 9 9 9 9 9 9 9
Amount entitled	•	\$				- · ·	at time case filed included in
Specify the prior	ority of the cla	Altys			secured claim, if any	\$	
(-	s under 11 U S C § 507			p - +		
Wages, salaries before filing of the	s, or commis the bankrupt	sions (up to \$10,000)*, e by petition or cessation o	arned within 180 day f the debtor's	•	services for personal, family, Taxes or penalties owed to g		• • • • • • • • • • • • • • • • • • • •
business which	hever is earli	er - 11 USC § 507(a)(4	4)	Ė	Other - Specify applicable pa		* ''''
Contributions to	o an employe	ie benefit plan - 11 U S C	\$ 507(a)(5)		* Amounts are aubject to adjustity respect to cases commit		
5. TOTAL AMOUN		IM \$ 50,00	00° \$	50,0		Chan Co to and and	\$ 50,000,00
AT TIME CASE	E FILED	(uns	ecured)		ecured)	(priority)	(Total)
Check this box	if claim inclu	ides interest or other ch	arges in addition to t	he principal	amount of the claim Attach it	emized statement o	f all interest or additional charges
7 SUPPORTING	G DOCUN	IENTS <u>Attach conjec</u> ts, court judgments, m	s <i>of supporting doc</i> ortgages, security	<u>uments,</u> su agreement	and evidence of perfectio	rchase orders, inv n of lien DO NO	oices, itemized statements of
)			-		are voluminous, attach a su rour claim, enclose a stamp	•	envelope and copy of this
The original of ACCEPTED) s	o that it is	actually received on	or before 5 00 pr	n, prevallin	or hand delivered (FAXES ng Pacific time, on Novem ns, joint ventures, trusts a	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental BY MAIL TO- BMC Group Attn USACM C	units)			BY HAND BMC Gro	OR OVERNIGHT DELIVERY T	o FII	ED JAN 1 2 2007
P O Box 911				1330 Eas	t Franklin Avenue	No.	
Ei Segundo, CA		BIGN and print the name	e and title. If any of t	he creditor o	do, CA 90245 rother person authorized to file		USA CMC
11/ /	07	This claim (attach	copy of power of atto	mey if any)	le of line	<i>2011</i> - 1	1072502295
Penalty for presenting	g fraudulent	ctaim is a fine of up to \$5	00,000 or imprisonm	ent for up to	5 years, or both 18 USC 8	152 AND 3571	